

11-08-04

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Express Mail No. EV528708699US

Attorney Docket No. 108298705US  
Disclosure No. 02-1607.00/US

PTO/SB/21 (04-04)  
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/665,219-Conf. #6284
		Filing Date	September 17, 2003
		First Named Inventor	Whonchee Lee
		Art Unit	3723
		Examiner Name	D. V. Nguyen
Total Number of Pages in This Submission	25	Attorney Docket Number	108298705US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-1449 Return Receipt Postcard
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;">Remarks</div> </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	PERKINS COIE LLP John M. Wechkin - 42,216
Signature	
Date	November 3, 2004



Express Mail No. EV528708699US

Attorney Docket No. 108298705US  
Disclosure No. 02-1607.00/USPTO/SB/17 (10-03)  
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<b>FEE TRANSMITTAL</b>				<b>Complete if Known</b>																																																																																																																																																																																																																																															
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				First Named Inventor		Whonchee Lee																																																																																																																																																																																																																																													
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<b>METHOD OF PAYMENT</b> (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 50-0665 Deposit Account Name: Perkins Coie LLP The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																																																																															
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**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Total Claims	Extra Claims	Fee from below	Fee Paid
Total Claims	56	-71** = 0	18.00	0.00
Independent Claims	18	-8** = 10	86.00	860.00
Multiple Dependent				

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2)** (\$)

860.00

\*\*or number previously paid, if greater; For Reissues, see above

**SUBMITTED BY**

Name (Print/Type) John M. Wechkin

Signature

Registration No.  
(Attorney/Agent)

42,216

(Complete if applicable)

Telephone (206) 359-3257

Date

November 3, 2004